

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90102 017 ***150.00

DOCUMENT # F04000006724

1. Entity Name
LIBERTY BANSHARES FLORIDA, INC.



Principal Place of Business
**4949 NORTH TAMiami TRAIL, SUITE 107
NAPLES, FL 34103**

Mailing Address
**4949 NORTH TAMiami TRAIL, SUITE 107
NAPLES, FL 34103**

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



01082008 Chg-P CR2E034 (12/06)

4. FEI Number
42-0987568

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

C
KRAUSE, W.A.
6400 WESTOWN PARKWAY
WEST DES MOINES, IA 50266

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KRAUSE, KYLE J
6400 WESTOWN PARKWAY
WEST DES MOINES, IA 50266

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CARPENTER, J. DAVID
6400 WESTOWN PARKWAY
WEST DES MOINES, IA 50266

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RISEWICK, CHRISTOPHER J
6400 WESTOWN PARKWAY
WEST DES MOINES, IA 50266

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
OLSON, RUSSELL G
6400 WESTOWN PARKWAY
WEST DES MOINES, IA 50266

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SAT
JORDAN, CATHY
6400 WESTOWN PARKWAY
WEST DES MOINES, IA 50266

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Krause, Kevin W
6400 Westown Parkway
West Des Moines, IA 50266

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Swift, Jim S
6400 Westown Parkway
West Des Moines, IA 50266

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Prange, David C
6400 Westown Parkway
West Des Moines, IA 50266

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
Johnson, Brent E.
6400 Westown Parkway
West Des Moines, IA 50266

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
Jordan, Cathy L
6400 Westown Parkway
West Des Moines, IA 50266

☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cathy Jordan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08

Date

515-457-6074

Daytime Phone #